REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

#269

Police City Attorney Bureau of Fire Prevention Health Department	DATE: 8/23/06 Return by: 9/14/06
CATERER: X	NON-CATERER:
APPLICANT NAME & ADDRESS: CHEZ HAY CATERING, 210 N 14 TH STREET	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: 3401 W LINCOLN AIRPORT - AIRPARK	LUKE STREET,
DATE (S) & TIME(S) OF EVENT : SEPTEMBER 24, 2006; 9:30 A.M. TO 5:00 P.M. Alternate Dates: None	
RECOMMENDATION OF APPROVAL OR DENIAL	
Ars an Approved	
CONDITIONS NO MORE THAN 2 - 1602 DRINKS SOID TO AT A SINGLE SALE.	Any one
DENIED	
REASON(S) FOR	
Signature (If needed, use back for additional space)	4-06 Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: 9/18/06

(SDLRPT.JER)

269

APPLICATION FOR SPECIAL DESIGNATED LICENSE

Submit to: <u>City Clerk's Office</u> 555 S. 10th Street, Lincoln, NE 68508 (402) 441-7436

PLEASE TYPE OR PRINT; APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

INSTRUCTIONS

All Applications must be received in the City Clerk's Office 21 CALENDAR DAYS PRIOR to the date of the event (the day of the event, is not counted)	
☐ Complete and return the ORIGINAL and THREE COPIES to the City Clerk's Office	
☐ FEES: If applicant does not have a liquor caterer's license, then a license fee of \$40 is due (per day) and made payable	to
the Nebraska Liquor Control Commission and a license fee of \$80 is due (per day) payable to the City of Lincoln	
☐ TWO SEPARATE CHECKS ☐ INDOOR EVENTS for Special Designated Licenses are approved by the City Clerk	
OUTDOOR EVENTS for Special Designated Licenses may require City Council approval. Applicant is required to atte	end
a public hearing if Council approval is required	
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits	
2. Name and Full Address of Applicant: Chez Hay Catering License number and Class (City, State, County, Zip) (Example C/K) → 66655 (Example C/K) → 66655 Address or location of premises to be covered by license: (City, County, Zip Code)	
(City, State, County, Zip)	2 T/K
210 N. 14th St. Lincoln NE Cancaster 68508	
3. Address or location of premises to be covered by license: 3401 W. Luke Street Lincoln	15 685 24
(City, County, Zip Code) Lincoln Airport - Airpark 2400 West Adams Lincoln N	E 68524
4. Is this PREMISE currently licensed under the Nebraska Liquor Control Act?	Annual and the second of the s
4. Is this PREMISE currently incensed under the Nebraska Elquor Control Act:	
5. Name and Address of the owner or lessee and name of principal occupant of the premises for which the license is req	mested.
Rembolt Ludtke - Joan Humphrey 1201 Lincoln	
6. Please list the name and telephone number of the primary event supervisor, who will actually be present at the loc	ation of
the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on Page 2.	3 IOF
Joan Humphrey & Mark Fahleson 402 432 1599	
7. Date(s) of Event: (If a Sunday, sales are limited to 12 noon to 1am the following Monday)	
Sunday, September 24 2006 12 noon-1PM	
Sunday, September 24th 2006 (2 noon-7pm List Alternate Date or Location in the Event of Bad Weather: N/A Outside Event	
8. Time(s) of Event: (Example 8am to 1am, is considered one day)	
FROM: 9:3000 TO: 5:00 pm	
9. Describe the Type of Activity to be carried on during the time period for which the license is requested.	
2006 Guardians of Freedom Airshow	
10. Provide an Estimated Number of Attendees at this Event	attach a
separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.	
11. List the Number of SDL's that you have applied for at this specific location in the last six months	
- Page 1 of 2 -	
12. Description of the Premises: ☐ Inside Building ☐ Outdoor Area → ☐ Attach City Supplement	ital Form

	10 70			
	Dimensions of the area (in feet) to be covered by license: V x LO the area where liquors will be sold and consumed. (Length) (Width)	. Please draw in the sp	ace provided below,	ui
	the area where inquers will be sold and consumed.		VIP band for	
		Cambott	a cided es	N
	Please see map	make -	- 5 3"	
	fieuse see muy	1 Tem ,	7000	
			ace provided below, VIP band reg for Sided tent - 3 Sided tent - One with	
	If outdoor area, how will premises be separated from areas open to the general public If marked Fence, please describe the type: Snow fence - 4½-5ft f marked Other, please explain:	? UXPence YATEnt	□ Other	
	Outdoor Events require the City Supplemental Form to be attached.			
13.	Is the premises to be covered by the license located within the city limits?	Yes	□ No	
14.	Is the premises to be covered by the license within 150 feet of any church, school, hospersons or for veterans, their wives or children?	spital, or home for the Yes	aged or indigent	
15.	Is the premises to be covered by the license within 300 feet of any university or college	ge campus? ☐ Yes	Ø-No	
16.	Explain how alcoholic liquors will be purchased by the licensee. If purchased from a license number. Through State Distributors viz Ch	retail licensee, please per Hay Cat	give the name and	
17.	Will the premises to be covered by the license comply with all Nebraska sanitation la		□ No	
18.	Are there separate toilets for both men and women?	Yes	□ No	
19.	Will there be any games of chance operating during the event? Notice: Only games of chance approved by the Department of Revenue, Charitable Common of gambling are prohibited by State Law: There are no exceptions for Non-Propapplication for a Special Designated License under the Liquor Control Act and is not	ofit Organizations. This	s is only an	
20.	I declare that I am the authorized representative of the above named license applican application are true to the best of my knowledge and belief. I also consent to an invest records of every kind including police records. I agree to waive any rights or causes of Control Commission, the Nebraska State Patrol or any other individual releasing said Commission or the Nebraska State Patrol. I further declare that the license applied for group, organization or corporation for profit and that the event will be supervised by of this Special Designated License.	tigation of my backgro of action against the No information to the Lio r will not be used by a persons directly respo	ound including all ebraska Liquor quor Control ny other person,	
	Signature (Authorized Representative Applicant) (Title)	× 8/10/06	402 489 744	S
	(Authorized Representative/Applicant) (Title)	(Date)	(Phone)	
	Signature			
	(Supervisor) (Title)	(Date)	(Phone)	
appr	e law requires that no special designated license provided for by this section shall be issurroval of the local governing body. For the purposes of this section, the local governing boraska.	ed by the Commission ody shall be the City (without the Clerk of Lincoln,	
In C	Compliance with ADA, this form is available in other formats for persons with disabilitie ting to produce the alternate format. http://www.nol.org/home/NLCC/	s. A ten day advance	period is requested in	
writ	ting to produce the attenuate format. http://www.nor.org/nome/vi.cc/			

* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL $\underline{OUTDOOR\ EVENTS}$ *

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to ex	xpand the existing licensed premise.
Name of Event: 2006 Guardians of Freedom	Airshow
Applicant and Sponsoring Organization or Person (if applicable): <u> </u>	ember of Commerce
Date of Event: SWM. Sept. 24th 2006 Time of Event: No.	00n-7:00 pm
Has the applicant applied for and received liquor liability insurance?	₩Yes □ No
Number of persons expected to attend: Number of persons und	ler 21 expected: 20 maximus
Is the event open to the public?	X√Yes □ No
How will you ensure that minors will not be served or consume beverages containing alcohold - VIP Members Carded - given wristband	nol: 1D check
Will food be served? If yes, please list food to be served: Choz Hay Catering TBD	Yes No - appetizers - Lunch
Will non-alcoholic beverages be served: If yes, please list non-alcoholic beverages to be served: + la water coffee	TBD Eyes ONO
Please identify the beverages containing alcohol that will be served:	Beer Distilled Spirits
Will this be a cash or complimentary bar?	Cash Complimentary
Who will serve the beverages containing alcohol? Wer Hay Catering	partenders
Have the designated servers received responsible beverage service training?	Yes 🗆 No
Will there be a charge for admission?	□ Yes No
In the last 12 months, have you received notice of a liquor law violation that occurred dur designated licensee?	ring an event at which you were the special Yes No
If so, explain:	
Applicant's Signature	9/10/06 Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

	Note of Park & Paints & Dimensions: Dhe	First One Goty - VIP members only
1. 1	Number of Entry & Exit Points & Dimensions:	TXH UNL ONING - VIP members held w
2.5		Please see attached map. Snow fence
3. 8	Size of area being used: 10 × 20	
س	(height & width)	(x)
	Eccation & type of cooking equipment (if about)	
5. I	Location of tables & chairs: What He He (If stage for band provided & dance area, show dimension	ut - alcohol not allowed outside the sea as & site on drawing.) area
	Height & type of fencing to be used: Show Fo	
0, 1	(height)	
		Less must wear
		-VIP members must wear wistband
	10	-1 1101140
	Please see map	
	P (Cus	circle on map
		off to
		- Area blocked off to
		Now 10
		145-517
		and one
		- One exit and one
		entry point
		2 - 5 1 ad
		- All fents are 3 sided
		wi open front.
		00 [10

* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL <u>OUTDOOR EVENTS</u> *

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to ex	pand the existing I	icensed premise
Name of Event: 2006 Guardians of Freedom,	Airshow	reensed premise.
Applicant and Sponsoring Organization or Person (if applicable): (Male Cha		Commerce
Date of Event: SWM. Sept. 24th 2006 Time of Event: NO.	on-7:00 po	м
Has the applicant applied for and received liquor liability insurance?	YYes	□ No
Number of persons expected to attend: Number of persons under	r 21 expected:	20 maximu
Is the event open to the public?	√Yes	□ No
How will you ensure that minors will not be served or consume beverages containing alcoho		K
-VIP members carded - given wristband		
Will food be served?	Yes	□ No
If yes, please list food to be served: Chez Hay Catering TBD	- appetize	ers-lunch
Will non-alcoholic beverages be served: If yes, please list non-alcoholic beverages to be served: + la water coffee	TBD Yes	□ No
Please identify the beverages containing alcohol that will be served:	Beer &	Distilled Spirits
Will this be a cash or complimentary bar? □ Cas	h Compl	
Who will serve the beverages containing alcohol? Who Hay Catering ba	rfenders	•
Have the designated servers received responsible beverage service training?	Yes	□ No
Will there be a charge for admission?	⊓ Yes	DNo
In the last 12 months, have you received notice of a liquor law violation that occurred during designated licensee?	an event at which Yes	you were the special
If so, explain:		
leal Civilia	9/12	1/4:
Applicant's Signature	1/10	106
		Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL <u>OUTDOOR EVENTS</u>

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

2.	Number of Entry & Exit Points & Dimensions: (height & width) Size & location of tent(s): (heights, width, depth) Size of area being used: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Exit Points & Dimensions: (height & width) Number of Entry & Dip Members of Exit Points & Dip Members & Dip Members of Exit Points & Dip Members &
4.	Location & type of cooking equipment (if used) NONL
	Location of tables & chairs: What the tent - along not allowed cutside the second stage for band provided & dance area, show dimensions & site on drawing.) Height & type of fencing to be used: Show Flace 4½ - 5f4 tall (height)
	-VIP members must wear wisstband -VIP members must wear wisstband -Public not allowed in VIP area (noted w/red virde on map)
	- Area blocked off to public w/ snow fence (4.5-5ff tall) - One exit and one entry point
	- All tents are 3 sided whopen front.